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7590 10/21/2005

KNOBLE & YOSHIDA, LLC
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Natalie Sorrentino (Depositor's name)
Natalie Sorrentino (Signature)
November 15, 2005 (Date)

Table with 5 columns: APPLICATION NO., FILING DATE, FIRST NAMED INVENTOR, ATTORNEY DOCKET NO., CONFIRMATION NO. Values: 09/858,366, 05/16/2001, Richard A. Brauckman, TGXX-1005US, 3214

TITLE OF INVENTION: CATHETER ATTACHMENT AND CATHETER FOR BRACHYTHERAPY

Table with 6 columns: APPLN. TYPE, SMALL ENTITY, ISSUE FEE, PUBLICATION FEE, TOTAL FEE(S) DUE, DATE DUE. Values: nonprovisional, NO, \$1400, \$300, \$1700, 01/23/2006

Table with 3 columns: EXAMINER, ART UNIT, CLASS-SUBCLASS. Values: RAMANA, ANURADHA, 3733, 604-103020

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Knoble Yoshida & Dunleavy, LLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE: Theragenics Corporation (B) RESIDENCE: (CITY and STATE OR COUNTRY): Buford, Georgia

Please check the appropriate assignee category or categories (will not be printed on the patent): [ ] Individual [X] Corporation or other private group entity [ ] Government

4a. The following fee(s) are enclosed: [X] Issue Fee [X] Publication Fee (No small entity discount permitted) [X] Advance Order - # of Copies 3 4b. Payment of Fee(s): [X] A check in the amount of the fee(s) is enclosed. [ ] Payment by credit card. Form PTO-2038 is attached. [ ] The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0462 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) [X] a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. [ ] b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: Kevin J. Dunleavy Date: November 15, 2005
Typed or printed name: Kevin J. Dunleavy Registration No.: 32,024

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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